

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



March 28, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Dempsey's Burger Pub, 228 North 12th Street requesting a class C liquor license.

This location was previously known as Spaghetti Works which held a liquor license

Paul Tuttle has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license manager.

The required training was completed on 10-20-2011.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Dempseys Burger Pub

Street Address #1 228 N. 12th Suite 100

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68508

Premise Telephone number 785-550-6396

Is this location inside the city/village corporate limits:

☒

YES

☐

NO

Mailing address (where you want to receive mail from the Commission)

Name Dempseys Burger Pub

Street Address #1 228 N. 12th Suite 100

Street Address #2 _____

City Lincoln

State Nebraska

Zip Code 68508

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 125 feet

Width 25 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

Attached

1 floor

125'
+54'

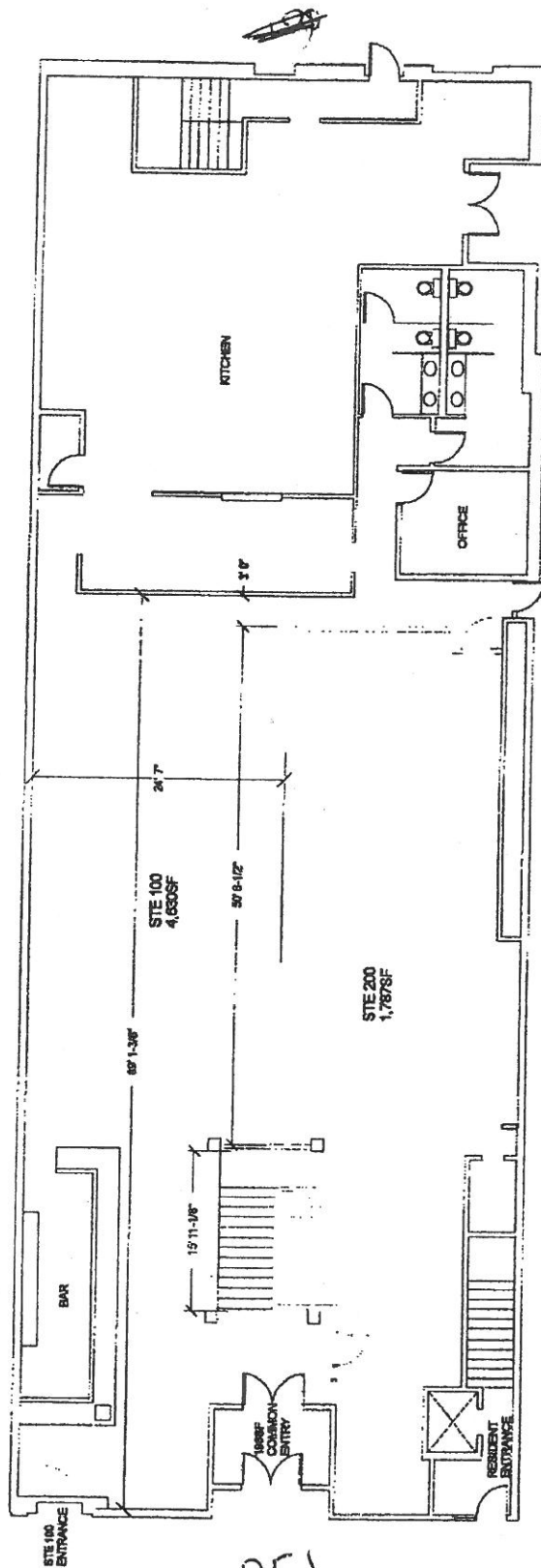


Exhibit A

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number Spaghetti Works

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) _____

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Mr. Paul Tuttle

Name of Corporation that will hold license as listed on the Articles

Dempsey's Lincoln, Inc.

010172906

Corporation Address: 1320 P Street #A

City: Lincoln State: Nebraska Zip Code: 68508

Corporation Phone Number: 785-550-6396 Fax Number: na

Total Number of Corporation Shares Issued: 300

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Gaudreau First Name: Steven MI: G

Home Address: 1768 e 700 rd City: Lawrence

State: KS Zip Code: 66049 Home Phone Number: 785-842-1914

[Signature]
Signature of President/CEO

ACKNOWLEDGEMENT

State of ~~Nebraska~~
County of Douglas

2.25.2013
Date

[Signature]

The foregoing instrument was acknowledged before me this

by [Signature]

name of person acknowledge

Affix Seal



Cara Schuster
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 10.5.2013

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Gaudreau First Name: Steven MI: G

Social Security Number: _____ Date of Birth: _____

Title: Pres Number of Shares 120.333

Spouse Full Name (indicate N/A if single): Shelly Gaudreau, Lawrence, Ks

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Mann First Name: Gregory MI: _____

Social Security Number: _____ Date of Birth: _____

Title: none Number of Shares 104.67

Spouse Full Name (indicate N/A if single): Suzanne McKinney

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Gaudreau First Name: Willine MI: J

Social Security Number: _____ Date of Birth: _____

Title: none Number of Shares 74.99

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE

☐ FEMALE

Last Name: Tuttle First Name: PAUL MI: R

Home Address (include PO Box if applicable): 1560 S 20th St. #5

City: LINCOLN County: LA. Zip Code: 68502

Home Phone Number: 402-202-6705 Business Phone Number: 1-785-550-6396

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: LINCOLN, NE.

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
816 S. 18th St. #3 LINCOLN NE 68502	03	2010			
1560 S 20th St. #5 LINCOLN NE 68502	2010	2013			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2001	2013	BWITCHED TWO INC.	Tom Clark	1-520-990-6954
2000	2001	THE FAMILY TRAIT	DAVE	402-476-2857

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law, a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
PAUL TUTTLE	2-2002	PROBATION, NE. & DAWSON COUNTY	FAILURE TO APPEAR	

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

BISON WITCHER B&B & DELI

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

Responsible Hospitality Training Course

2011, 27th Holmdel
Lincoln, NE 68502

